MODEL EMPLOYER'S STATEMENT 2019

Van Bruggen ADVIESGROEP

Employer's particulars	Employer's name: Employer's address: Postcode and town: Chamber of Commerce number:	☐☐☐☐☐☐☐☐
Employee's particulars	Employee's name: Employee's address: Postcode and town: Date of birth: Commencement of employment: Position:	○ male ○ female (day, month, year)
Type of employment contract	The employee: Is there a trial period? Is there any intention to terminate the employment in the near future? If so, please explain: Director / shareholder:	○ is employed for an indefinite period / on a permanent basis ○ is employed for a fixed period / on a temporary basis until ○ is flexibly employed as: (e.g. temporary agency worker, stand-in worker or on-call worker) ○ no ○ yes If so, has the trial period expired? ○ no ○ yes ○ no ○ yes ○ no ○ yes, share percentage %
Employment continuation statement (if applicable)	If the employee continues to perform as at present and business conditions remain the same, the fixed-term contract will be converted into a permanent employment contract when that period expires:	○ no ○ yes ..... (extra signature) Name of signatory:
Income	1. Gross annual salary [1] 2. Holiday allowance [2] 3. 13th month salary [3] 4. Christmas bonus [3] 5. Life course [3] 6. Irregular hours allowance [4] 7. Overtime allowance [4] 8. Commission [4] 9. 10.	€ € € € € € € € € € € (basic salary excluding overtime etc.)
Loans / attachment of wages	Have you provided the employee with a private loan? Have the employee's wages been attached or has an assignment of those wages been imposed?	○ no ○ yes If so, commencement date principal € term(months): monthly repayment € ○ no ○ yes If so, until € per month

1) The gross annual salary based on the usual number of working weeks in the sector.
2) In the case of holiday vouchers or a time savings fund, note 100% of the value of the holiday vouchers or time savings fund.
3) Unconditional income components laid down in the employment contract.
4) If there is a structural allowance for irregular hours, commission and/or overtime allowance, note the amount granted over the past 12 months.

The signatory declares on behalf of the employer that this form was completed truthfully. Name of signatory:	Signed in on Signature: .....
Should you wish to verify this information, please contact:	Name: Tel.: